

FIRST STEPS ELIGIBILITY DETERMINATION RECORD REVIEW – FORM 17

Child's Full Name:	Birthdate:	CBIS#:
Address:	Phone#:	District:

Team Members			
Printed Name	Discipline	Agency	Phone
	Parent/Guardian		
	Parent/Guardian		
	Primary Physician		
<input type="checkbox"/>	Initial Service Coordinator		
<input type="checkbox"/>	_____ (PLE)		

Note: Indicate the IFSP team representative to be contacted by the Record Review Team by checking appropriate box.

Date of Referral to First Steps:	45 Days expires on:
Reason(s) for Referral to First Steps:	

Primary Level Developmental Evaluation Results Summary					
Instruments:					
Domain	Standard/ Z-Score	Percentile Rank	Developmental Age	Other Scores	Domain Summary
Personal Social					
Adaptive					
Motor Total					
Gross					
Fine					
Communication Total					
Receptive					
Expressive					
Cognitive					

Child Name:

CBIS #:

PLE Summary of Findings and Recommendations:

Family/Guardian Input and/or Comments:

Reason(s) for Eligibility Request:

Record Review Submitted by:_____ Date:_____ Phone:_____

Required Supporting Documentation:

Request for Eligibility	√
Primary Level Evaluation (PLE)	
Assessments (if any)	
Hearing Evaluation if Speech	
Birth Records (if available)	
Primary Pediatrician (if available)	
Hospitalizations Records (if available)	
Form 17	

Child Name: _____ CBIS #: _____

Submit this template with supporting documentation to the Record Review Team:

By Mail: Weisskopf Child Evaluation Center
University of Louisville – HSC
Attn: Theresa James/Record Review Committee
571 South Floyd Street, Suite 100
Louisville, KY 40202

or

By Fax: (502) 852-0434

Do not write below this line – to be filled out by Record Review Team

Phone Contact	
IFSP Contact Person:	Date:
Review Team Contact Person:	
Comments:	